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ABSTRACT

Based on the belief that black parents have the power to prevent many of their children's health problems, and thus the responsibility to do so, this manual provides practical advice and lists resources in seven chapters. Chapters concern: (1) prenatal care; (2) having a baby; (3) the child's first 12 months; (4) information every parent should know, concerning child development, developmental landmarks, immunizations, and safety; (5) conclusions; (6) health care resources, including public programs for low-income parents and families and other programs on maternal and child health, stopping smoking, drug treatment, alcohol dependency, and AIDS and other communicable diseases; and (7) references. Publications of the National Black Child Development Institute and its organization are described. (RH)

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A Practical Manual for Black Parents

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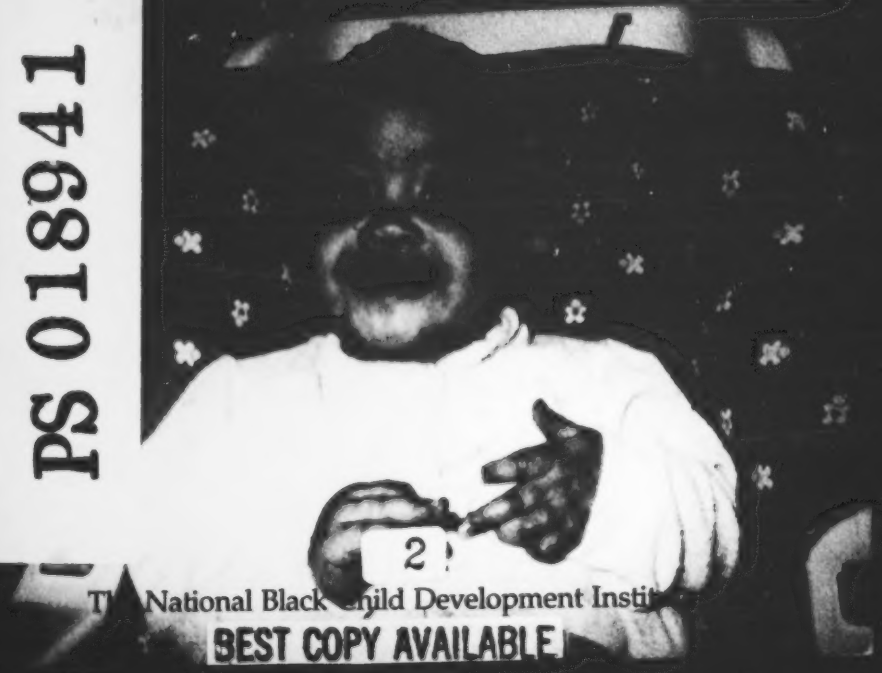

The National Black Child Development Institute

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KEEPING YOUR BABY HEALTHY

A Practical Manual for Black Parents

National Black Child Development Institute

The National Black Child Development Institute gratefully acknowledges the work of Sharon Dennis, who prepared and edited this manual. In addition, we are grateful to Dr. Melvin E. Jenkins, Professor Emeritus, Department of Pediatrics and Child Health, Howard University College of Medicine, and an active member of NBCDI's Washington, D.C. affiliate, and Dr. Clarence Dollison, pediatrician and President of NBCDI's Columbia, South Carolina affiliate chapter. Finally, special thanks to the Carnegie Corporation for a grant which helped to make the publication of this document possible.

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Doreen Dennis Booker

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FOREWORD

The birth of a baby is a joyous occasion, but one that takes literally months of planning. This manual focuses on the nine months of pregnancy and a baby's first year of life. The National Black Child Development Institute is particularly interested in this period because it is a time in which parents have tremendous control over their children's outcomes. This is especially true with regard to our children's health.

The health of America's Black children is not what it should be, especially for disadvantaged children. This manual was written because you as a parent have a vast amount of power which you can use to make sure that your children are happy and healthy. For example, research has proven that proper prenatal care makes an enormous difference in a child's health. We also know that cuddling your infant and providing lots of love and warmth helps your child develop into a normal, trusting adult. This manual will help you understand the elements—which we as parents control—which affect our children's health. We have the power to prevent many of our children's health problems, and thus, the responsibility to do so.

Black children are our future. We at NBCDI believe that health care is one of the most critical issues facing Black children today. We hope that this manual proves useful and is consulted often. Ultimately, we look forward to the day—and are working towards the time—when America can be proud of the health status of its Black children.

Evelyn K. Moore
Executive Director
National Black Child Development Institute

Chapter I: Starting From the Top: Prenatal Care

What exactly do we mean by "prenatal care?" Prenatal care refers to the health care a woman receives during pregnancy, before her baby is born. Getting proper **prenatal care** as soon as you think you are pregnant is one of the most important steps you can take toward having a healthy baby. Of course, the healthier you are before you get pregnant, the better your chances of a healthy, problem-free pregnancy.

Full-term pregnancies last approximately nine months; this period is divided into three three-month periods commonly referred to as "trimesters." The first trimester is important because during these first twelve weeks, all of the baby's major body organs are formed. During this critical period, your doctor can detect any possible problems you might have with your pregnancy, and take corrective action. In addition, prenatal care helps you to develop a health care routine to safeguard your health and that of your child. **When a woman puts off getting prenatal care until after the first trimester, she is increasing the risk that medical complications might go undetected.**

What type of health care are we talking about? Prenatal care involves a series of physical examinations as well as questions and answers between you and your doctor. Your first visit will probably be more thorough than later visits. The physical exam should include:

1. measurements (height, weight, blood pressure);
2. a complete physical check-up, including an examination of your eyes, ears, nose, throat and abdomen;
3. a pelvic examination;
4. a pap smear (to look for any evidence of cancer);
5. a pregnancy test;
6. a check for sexually transmitted diseases; and
7. blood and urine tests.

While all of these are important steps, perhaps the most important step is having time to talk to your doctor about what to expect—physical as well as emotional changes, and any concerns you might have. **Don't be afraid to ask questions!**

Recommended Schedule of Prenatal Care Visits	
Month One through Six	Once per month
Months Seven and Eight	Every two weeks
Month Nine	Once a week until delivery

Where to Find Prenatal Care

You can get prenatal care from a variety of sources including a private doctor (a gynocologist/obstetrician), a certified nurse/midwife, a hospital clinic, or your area health department. Check your telephone directory's Yellow Pages under "Physicians/Women's Health Care," or the Blue Pages under "Health Department" if you need guidance.

Sexually Transmitted Diseases

If you suspect that you may have been exposed to a sexually transmitted disease (gonorrhea, syphilis, genital herpes), it is very important that you consult your doctor immediately. Your prenatal care visits should detect any infection, but be sure to discuss any concerns you have openly with your doctor. It is best to find out about such diseases as soon as possible, so as to begin treatment and/or plan for appropriate care.

In addition, if you or your partner uses or has used intravenous drugs, if you have shared needles or "works," or if you have had many sexual partners in the past five years, it is important that you tell your doctor. You may have been exposed to the AIDS virus, a fatal disease that breaks down your body's ability to fight infection. Since

you can transmit AIDS to your baby during pregnancy or birth, you will need to be tested.

If you live in a big city, there are probably many places that offer AIDS testing and counseling in your community. You can get additional information about AIDS from your local or State health departments, or your doctor. Or you can call the Public Health Service's AIDS Hotline: **1-800-342-AIDS.**

What To Do if You're a Teen and Think You're Pregnant

While many women carefully plan a pregnancy and are overjoyed to become pregnant, some of us make mistakes and become pregnant by accident. If you are a teenager or you are still living at home with your parents, the fear that you may be pregnant can create tremendous stress. The best thing you can do if you suspect you are pregnant is to confront your suspicions immediately. If you really are pregnant, you need to take care of yourself immediately by beginning prenatal care. If you aren't pregnant, you will have the relief of that knowledge.

The at-home pregnancy tests you can buy at the drug store aren't 100 percent reliable—whatever result you get. Your best bet is calling a doctor, Planned Parenthood, the neighborhood health clinic or the Public Health Department and getting a pregnancy test as soon as possible. (Some schools offer health clinics in which a Registered Nurse can provide you with information and referrals.) Ask a relative, your boyfriend or a close friend to accompany you for moral support.

If your test is positive and you are pregnant, you can talk to the staff people there about your options. Teen pregnancies carry with them special concerns because a young body is not as well equipped to manage a pregnancy as is an older woman's. In particular, you will have special nutrition concerns, because an adolescent body is

going through a period of rapid growth anyway, and you don't want to compete against your baby's nutritional needs. If you are pregnant, you may want to look into a parenting class to help you prepare for pregnancy and the baby. Many schools, Adult Education programs and YWCAs offer classes that teach about child development as well as family and life management.

Do's and Don'ts for Pregnant Mothers

- **Do see your doctor on a regular basis,** as soon after you become pregnant as possible. Follow your doctor's advice regarding your special needs during this important period.
- **Don't drink alcohol** without the advice of your doctor. Even as little as one ounce or less of "pure alcohol" a day can result in increased miscarriages and low birth weight. (One typical drink includes a half ounce of pure alcohol.) Drinking alcohol when pregnant has also been linked to a disorder called *Fetal Alcohol Syndrome,* which results in birth defects,

increased irritability and ineffective sucking abilities during infancy, mental retardation, failure to grow, disorders of the nervous system, and diminished ability to concentrate in later years.

- **Do continue to avoid alcohol if you breast feed.** Alcohol can be passed to the baby through your milk.
- **Don't take any drug, over-the-counter or prescription, without the advice of your doctor.** You have no way of knowing how that particular drug will affect the baby developing inside of you. Even nasal spray can be harmful, so be sure to double check.
- **Don't take any illegal drugs.** If you have a problem with drugs, seek treatment immediately. Call your local health department for information or contact the Public Health Service's Drug Treatment Hotline by dialing **1-800-663-HELP**. Drugs such as crack, cocaine and heroine can cause serious harm to you and your child.
- **Do maintain a healthy diet,** eating a variety of healthy foods from the four major food groups: fruits and vegetables, dairy products, meat and other protein sources, and grain products.
- **Do cut back on coffee, tea and other caffeine-rich beverages.** Research indicates that caffeine can damage the baby's development.
- **Don't smoke.** Smoking results in higher rates of miscarriage and premature births. Cigarette smoking also results in reduced weight gain by the baby, thus increasing the risk of a low birthweight baby.
- Do call the local chapter of the American Lung Association if you are a smoker to learn how to kick the habit, and to receive a copy of their "Kit for Pregnant Women." Many chapters also offer workshops on how to quit smoking.

- Do continue to steer clear of smoking after your baby is born. When a baby is exposed to smoke, small amounts of nicotine and other substances pass into his body and can make him ill. Cigarette smoke is especially harmful to babies with breathing problems.
- **Do get exercise on a regular basis.** Walking is particularly good for you while you're pregnant because it strengthens some of the muscles you will need during the delivery. Swimming is another good activity.
- Don't put yourself through strenuous workouts or lift heavy objects. If you are unsure about your present exercise routine, ask your doctor about it.
- **Do remember to get a car seat** to use in bringing the baby home from the hospital. It will keep the baby safe and it's the law. If you can't afford one, locate a friend or relative who can lend you theirs. Alternatively, hospitals and fire departments offer car seats at a greatly reduced cost or for free.
- **Do talk to your doctor about what to expect during child birth.** She or he can explain ways to prepare yourself for this process.
- **Do plan ahead for when you go into labor.** Have your doctor's number handy and an overnight bag packed, and arrange for transportation to the hospital. Make any necessary plans for while you're away (sitters, etc.) as well as what you'll need when you bring the baby home (bottles, clothes, formula if you are not breast feeding) sometime during your eighth month.

Diet for a Healthy Pregnancy

Everything you put into your system affects the developing baby, including drugs, alcohol, and junk food. However, a baby's system is not equipped to deal with many of these agents.

Your diet while you are pregnant is extremely important to the health of your baby for this very reason. Eating a well-balanced diet is something all of us *should* do, but it is particularly important for pregnant women. Consult your doctor to see what sort of vitamin and mineral supplements, if any, you should take during your pregnancy. If you are a vegetarian, it is particularly important that you work with a doctor who is knowledgable about nutrition to plan your diet. While the baby is growing inside of you, it is essential that you get the proper amount of proteins, which some vegetarian diets may lack.

In general, if you do not have special dietary restrictions, choose foods from the following food groups:

Food Group	No. of Servings per day	Where to Find It
Meat & Proteins:	3 or more servings	Meat, fish, poultry, eggs, dried beans and peas, seeds, nuts and peanut butter. (When you use beans, dried peas or cereals for your main course, add cheese, milk or meat to increase the protein value of the meal.)
Dairy Products:	4 servings	Milk, cheese, yogurt, custard, cottage cheese and ice cream. (Choose products with added Vitamin D.)
Grain Products:	4 or more servings	Whole grain bread, biscuits, cereal, noodles, pancakes, rice, crackers. (Check labels to make sure you're buying enriched grain products.)
Fruits & Vegetables:	4 or more servings	Dark green, leafy vegetables and deep yellow vegetables are your best source of Vitamin A (have at least one serving per day). Oranges, tomatoes, melons, grapefruit and strawberries have lots of Vitamin C (have at least one serving per day).

Fats and sweets comprise the unofficial "fifth" food group. This group of foods includes items such as cake, soda, butter, mayonnaise, and candy. Eating too much fat or too many sweets loads you down with excess calories and may allow you to ignore the other important food groups.

In addition, your doctor may recommend that you take vitamin supplements during your pregnancy. It is very important that you get plenty of iron during this period. Iron is found in red meats, liver, raisins, and leafy green vegetables.

You should gain from 20 to 30 pounds during your pregnancy. **Weight gain is vital to the baby's growth: don't try to diet during your pregnancy, even if you are overweight.** Weight gain should begin slowly at first (three or four pounds during the first trimester), then three to four pounds *each* month thereafter. If you fail to gain enough weight, your child is more likely to be born at a low birth weight (less than 5 pounds, 8 ounces).

Low Birth Weight Babies: The Risks for Black Infants

When a baby is born small or at a "low birth weight," very often, other factors (such as a poor diet, smoking, drinking or the use of drugs) have influenced the baby's normal development. Babies born at low birth weight (5.8 pounds or less) are more likely to die, and if they survive, they are twice as likely to suffer from physical or mental handicaps such as mental retardation, deafness, blindness, learning disabilities, physical limitations or cerebral palsy.

The problem of low birth weight and infant mortality is a serious one for the Black community: *the infant mortality rate for Black Americans is twice that of Whites,* and higher even than those of many less developed countries. Part of the reason for this discrepancy lies in the inability of many Black women to obtain proper prenatal care. As noted, however, other factors—factors which are within our control—account for this discrepancy, including the use of drugs and alcohol, and poor diet.

Below is a list of the many factors associated with low birthweight outcomes. Though much of this information has already been covered in various sections, the infor-

mation is worth repeating here to emphasize the point that to a large extent, **the incidence of low birth weight in Black babies can be prevented!** Be sure to discuss any concerns you might have about any of these factors with your doctor.

Age of mother: mothers who are 17 years old and younger, or 35 years and older are more likely to have low birthweight babies than mothers who fall between those age ranges.

Poor nutrition: if a pregnant mother fails to follow a proper diet, her baby is more likely to be born at a low birth weight. Pregnant teenagers are most at risk for nutritional deficiencies because they are going through a rapid period of growth themselves.

Inadequate weight gain during pregnancy: a 20 to 30 pound gain in weight is generally considered sufficient to provide a healthy environment for the developing baby. For all mothers, it is best to put on weight gradually over the pregnancy. Mothers who weigh less than 100 pounds before conception are significantly more likely to deliver low birthweight babies than are heavier women. According to the Department of Health and Human Services: "pre-pregnancy weight is probably the most critical variable regarding nutrition and pregnancy outcome."

Lack of prenatal care: all mothers should seek prenatal care during the first trimester (first three months of pregnancy) and then regularly thereafter. Proper prenatal care should include routine check-ups of weight gain, blood pressure and chemical changes, and plenty of time for questions from you.

Cigarette smoking: cigarette smoking increases the chances of serious medical complications during the pregnancy. It has also been linked to low birth weight and higher rates of perinatal death (death occurring

around the time of birth). **In studies of this subject, the highest losses were recorded among Black Americans and the poor.**

Alcohol: researchers do not agree across the board on the effects of alcohol on the developing baby, but evidence suggests that certain levels of alcohol consumption result in low birth weight. Fetal Alcohol Syndrome, which results in growth retardation, small head size, and various other defects, can result from excessive drinking. Also, if you drink too much when you are pregnant, you're more likely to have an accident, such as a fall, which could injure you and your baby.

Drugs: check with your doctor before taking any drug, be it prescription or over-the-counter. (Even aspirin has been found to be harmful to the growing baby.) Certain drugs can cause various types of birth defects, and may result in hyperactivity later in life. For example, cocaine can result in premature birth, low birth weight and congenital heart defects. Caffeine has also been linked with poor pregnancy outcomes. Some studies suggest that eating/drinking high levels of caffeine (found in coffee, tea, cola, chocolate) increases the risk of premature birth, miscarriage, and related complications.

Emotional/mental and physical stress: while implicated in some studies as a factor in poor pregnancy outcomes, the effects of emotional and mental stress on the developing baby seem to be reduced if the mother has strong support systems. Physical stress (including long working hours, standing for long periods of time, heavy lifting or physical exertion, lack of leisure time and extended commuting times) have been suggested—but not proven—to have a negative effect on the pregnancy.

Negative attitude toward pregnancy: women who had an unwanted pregnancy experienced higher levels of perinatal death, birth defects, infection after birth, and hemorrhage than those with positive outlooks.

Short inter-pregnancy interval: if the period of time between your last and current pregnancy is less than six months, you are at greater risk for health problems than mothers who wait longer between pregnancies.

Signs and Signals: Your Pregnancy

Everyone responds differently to being pregnant, but whatever your particular experience, there are certain "danger signs" of which you should be aware. If you experience any of the following, be sure to call your doctor immediately—it could be a sign that something is seriously wrong with you or the baby.

Danger Signs:
Call Your Doctor Immediately If You Experience:

- Spotting, cramping or bleeding, even slight (could indicate a miscarriage);
- Swelling or puffiness of face or hands (could be a sign of toxemia or poison in the blood);
- Severe or repeated headaches (could be a sign of toxemia);
- Sharp or persistent pain in your abdomen (could be a symptom of a bladder or kidney infection);
- Persistent, severe swelling of the legs (could indicate toxemia);
- Severe or continued vomiting (could deprive you and your baby of needed nutrients);
- Chills and/or fever (could be a symptom of a bladder or kidney infection);
- A sudden large gain in weight (could be a sign of toxemia);
- Sudden discharge of fluid from the vagina (could be a sign of a sexually transmitted disease);
- Vision troubles: blurred vision, spots, dimness (could be a sign of toxemia).

Chapter II: Having a Baby

By your due date, you will have prepared yourself for the birth and delivery of your baby. You may have decided to take a childbirth class such as that offered by the American Red Cross or many local hospitals. Many women experience false labor before actually going into labor. The "real thing" is identified by the following characteristics:

- **Regular contractions:** these may begin slowly at first or just feel like a backache. Real contractions usually start about 15 to 20 minutes apart and last 30 to 45 seconds. They generally aren't relieved by walking around, as are false contractions. After a while, they come faster and last about one minute. When they are five minutes apart, it's time to head to the hospital.
- As the cervix opens with the drop of the baby, a pink **mucous "plug" comes dislodged**; there may be a little blood too.
- Your **water breaks**, releasing a flow of warm water from your vagina. Call your doctor **right away**! It's time to head to the hospital.

At the Hospital

Once you arrive at the hospital, you will be brought to a maternity admissions room for preparation. If the father or a helper is present, he or she may be able to accompany you through the whole process. (The whole labor process usually lasts 12 to 14 hours for a first baby.) In the labor room, you will work with the doctor and nurses to move the baby along with your contractions. There are three stages of labor:

1. the cervix dilates (opens) to allow the baby to move through;
2. the baby is pushed through the birth canal; and
3. the afterbirth (placenta) is pushed out.

After delivery, the baby is cleaned, and you will have a chance to hold and feed her. The baby may look a little odd right away (red and wrinkled, with a funny-shaped head), but within a couple of weeks she will begin to look more like what we think of as "normal." Newborns are so tiny and fragile-looking that you may be afraid to hold

them. Don't be! **Babies need to be held and cuddled in order to thrive.** This is very important to remember right from the start, and throughout your child's early years. If infants and children do not feel secure and loved, they will become withdrawn and unhappy, and may suffer developmental delays.

Your doctor or nurse can show you how to hold the new baby properly. This means supporting the baby's head (the baby isn't strong or coordinated enough to hold his own head up yet) and being careful of the "soft spot" where bones have not yet merged. Before you leave the hospital, ask your baby's doctor how to take care of the infant's umbilical cord and, if your child was circumcised, how to clean the circumcision. You and the baby will usually be able to go home two to four days after the birth, assuming there are no complications. If your baby is a low birthweight baby, you may have to wait longer before taking him home, and the doctor may prescribe a special care routine.

Doctor's visits don't end with the birth of your baby. Six weeks after the birth you will return for a "postpartum" checkup. During this visit your doctor will check to see that your stitches are healing properly and that your uterus is returning to its pre-pregnancy size. You may want to use this time to talk to your doctor if you are experiencing depression. "Postpartum depression" is relatively common after the birth of a child, and really quite natural, given the circumstances. First, all of the excitement leading up to the "big day" is now past, you're at home, very probably exhausted, and burdened with the incredible demands of a new baby. Talk to your doctor; s/he will assure you that your depression will cease fairly rapidly as you adjust to your new life.

Chapter III: The First Twelve Months

Once the baby is home, life will seem suddenly hectic. Newborns are extremely needy, since they cannot fend for themselves in any way. During these first few months, making sure your infant gets enough food, love and rest will be your primary concerns.

Feeding the Baby: The First Six Months

When it comes to feeding your baby, you have two basic choices: breast feeding or formula feeding. **Most doctors strongly urge mothers who can to breast feed their infants.** This is preferable for a number of reasons, including:

- Breast milk has the proper combination of nutrients to help the baby grow (the quality of mother's milk is enhanced by her own diet);

- Breast milk is easier for the baby to digest, and contains substances that help your baby fight infection;
- Breast milk is easy: it's available as soon as the baby cries (no need to heat it up or sterilize bottles);
- Breast feeding is less expensive than buying prepared formula;
- Breast feeding helps the mother to lose weight and helps the uterus return to its normal size sooner.

Breast feeding provides an ideal opportunity for bonding between the mother and infant, which is very important to the child's later development. In addition, nursing activates a hormone ("prolactin") in the mother which gives her a warm, pleasant feeling. If you breast feed, it is critical that you continue to follow a healthy, well-balanced diet, and that you do not drink alcohol or smoke. You will need to eat more than when you were pregnant. Doctors recommend **two extra servings of whole grains or one additional serving of protein, one extra serving of foods rich in Vitamins A and C** (see list, page 8) and **more liquid than usual** (8 to 12 glasses of juice, milk or water per day).

If you work or need to be away from the baby during the day, you can pump and store breast milk. Consult your doctor or the local affiliate of the *La Leche League*, a breastfeeding support group, for more information.

Of course, many infants are not breast fed. Ready-to-feed formula is available, as well as less expensive concentrated liquid and powder forms. Formula-fed infants eat every 3 to 4 hours, whereas breast-fed babies usually eat every 2 to 3 hours. Formula needs to be warmed, and special care must be taken in both preparation (water, bottles and nipples must be sterilized) and storage to avoid germs which can make the baby ill. Be sure to consult your physician for details. Whether you breast feed or not, most doctors recommend that the

infant be allowed to stop eating as soon as she appears willing to stop. Otherwise, the baby may learn a pattern of over-eating which may lead to obesity in later life. In addition, most experts agree that foods other than milk or formula are best put off until the infant is five or six months of age.

Lactose Intolerance among Black Infants

Lactose intolerance is the medical term for the inability to digest the sugar found in milk and milk products. Black children are more likely than White children to be lactose intolerant. If your baby cries after feedings, spits up frequently and/or has frequent bouts of diarrhea, she may be lactose intolerant. Your doctor may suggest that the baby try a different, soy-based formula, which won't irritate her digestive system. Lactose intolerance is usually passed on from a parent—if you get an upset stomach and/or diarrhea after drinking milk or eating ice cream, you are probably lactose intolerant.

After Six Months

Infant feeding is a hotly debated topic among children's health experts. The issue is complicated because every baby's appetite and digestive system is unique. The following recommendations are based upon current medical knowledge and trends. Follow the advice of your child's doctor, and if your child has difficulty with any of these (or your doctor's) recommendations, consult him or her again.

Once the infant is five or six months of age, solid foods may be introduced to the diet. Delaying solid foods until after this stage is recommended because (1) the baby's digestive system isn't prepared for solids yet, and (2) many doctors fear that solid foods will interfere with established eating patterns and may contribute to overfeeding.

Doctors recommend starting with an iron-fortified dry cereal specifically prepared for infants (other commercial brands may have a high sodium content). Infant cereal should be a part of the baby's diet until about 18 months of age. After 18 months, you may introduce regular cereal brands. When your infant starts drinking regular milk instead of formula (usually after nine months), Vitamin C should be added to the diet (try orange juice and/or strained fruit mixtures).

Be careful to avoid germs when feeding the baby solid foods. Don't try to save leftover cereal after it has been warmed: it will be full of bacteria. Instead, spoon out the quantity you will need into a small bowl. Also, avoid feeding the baby right from the jar because the baby's saliva (from the spoon) will spoil the leftover food.

Beech Nut offers parents a toll-free hotline with advice about nutrition and other related matters. Call **1-800-523-6633** weekdays, from 9:00 a.m. to 8:00 p.m.

Communicating with Your Infant

Once the baby is a few weeks old, his eyesight improves and he can see your face when you are feeding him. Use this time to look into the baby's eyes, smile, and talk (or sing) to the baby. This is an important bonding time for both of you, but it is also an important learning experience. According to Doctor Wendell H. Cox, an authority on Black children, while an infant cannot understand the meaning of words, a parent's voice and intonation are comforting to the baby. He states that, "without exaggeration, **a parent is the most important speech and language teacher the child will ever have.**"

In addition, research indicates that babies who receive lots of smiles and affection from their caregiver develop into happier babies and better adjusted children. Just as smiles and comforting words help a baby to develop into a happy child, a constant barage of harsh words, scold-

BABY IS EATING . . .		
0–6 months	**6 months**	**By end of first year**
Breast milk or formula	Breast milk, formula or cow's milk	Breast milk, formula or cow's milk
Infant cereal (don't start solids until about 6 months)	Infant cereal	Infant cereal or other grain (bread, noodles, rice)
	Some juice, fruit and vegetables	Juice, fruit and vegetables
		Meat, fish, chicken other protein (eggs, dry beans)

The American Academy of Pediatrics recommends waiting until the baby is at least six months before introducing a mixed diet.

Baby's Growth and Development

When you first see your baby, you may be amazed at how tiny she is. But with proper feeding, she will grow rapidly during her first year, and especially during the first few months.

Don't be alarmed if your child's growth slows down during the period between 18 months and three years. Even though the child is usually quite active during this period, it is normal for the child's appetite to slow, and with it, his or her growth.

An approximate guide to baby's weight gain during her first year appears above, but your pediatrician will be able to offer you more specific guidance concerning your child's particular growth.

ings and put downs will make the child anxious, unhappy and withdrawn. Remember that a harsh word can hurt as much as a fist.

Some parents worry that if they pay too much attention to their babies, they will spoil them. However, most experts agree that it isn't really possible to spoil a child in the first few months of life, so go ahead and enjoy your baby. Lots of love and attention is exactly what he needs to develop into a warm, well adjusted child.

As the baby grows, take time to teach him about African-American history and culture. This can be as simple as giving the child black dolls and books which include pictures and stories of Black people, and telling him about famous Black Americans.

Baby's Crying: What Does It Mean?

Although you may not believe it on some of those "bad" days, babies don't cry simply to irritate you. They cry because they need something and know of no other way to tell you. Oftentimes, it is easy to figure out what the crying means because an infant's needs are relatively simple. Basically, they need food, sleep, love and attention, and they need to be kept clean and dry. Generally, when all of these needs are met, your baby will be content. But babies are fussy, and sometimes they are going to cry, no matter what you do to please them.

Some parents think that if the baby cries, something is very wrong with the baby. Others fear that they are "bad" parents. With time and experience, you will learn to deal with your child's crying. Following are some of the main reasons why babies cry, and ways in which you can calm the baby quickly and easily.

The Problem	The Solution
Baby is hungry:	Feed the baby with milk or formula.
Baby is wet/soiled:	Remove dirty diaper (babies urinate frequently), and wash baby's bottom. Apply soothing lotion.
Pain:	Try to find out what the problem is: if you are bathing baby, is the water too hot? Have you accidently pinched the baby's skin while diapering?
Need for comforting:	Babies need lots of cuddling and attention. Very often, just picking the baby up and rocking him will help wipe away the tears. The rocking motion of a car ride will also often help soothe the baby.
Uncomfortable:	Maybe he is too warm or cold. Try adding or taking off a piece of clothing. Also, babies like to be rocked and bounced, but do it **gently**; if it gets too rough, you will scare and possibly harm the child.
Surprise:	Babies don't need to be kept in an artificially quiet atmosphere, but loud noises can shock the baby and set off a crying spell. Try to keep sudden loud noises to a minimum.
Frustration:	Baby might want to roll over, but cannot do it herself yet. Change her position, rub her back and speak in a soothing voice to her.

If your baby cannot be soothed, contact your doctor: there may be something medically wrong with the baby. Some babies are "colicky"—a condition associated with abdominal pain which causes hours of crying. However, don't forget that some babies simply cry more than others. Even if you are frustrated with non-stop crying, **never, never shake a baby: shaking can result in brain**

damage. If you cannot calm the baby, make her as comfortable as possible and then go into another part of the house to get away from the noise.

Time Out for Parents: Keeping Your Cool Under Stress

Babies are very demanding and it's normal for you to feel worn out by your infant's never-ending needs. When you can, have your partner, a relative or an experienced friend take care of the baby so you can slip out for some respite—a guilt-free bit of time just for yourself. This may involve something as simple as running to the grocery store or having your hair done: the key is to enjoy your private time. In addition, since it is more than likely that you will be getting up in the middle of the night to feed and soothe the baby, you should try to take at least one nap during the day while the baby sleeps.

If, however, you feel hostile to the baby or are tense all of the time, you should consult a professional. Without help, you risk losing control of your anger and injuring the baby. Child abuse is a serious problem, especially among parents with lots of stress in their day-to-day lives. In addition, research has found that parents who were abused themselves as children are more likely to abuse their own young. If you have been abused or if you are afraid you can't control your temper, you should get help. Many organizations offer guidance to parents who are under stress and/or who are victims of abuse. **Before you feel like things are getting out of control, call:** Parents Anonymous, a self-help group for abused children and parents suffering from stress (outside California, call **1-800-421-0353**; inside California, call 1-800-352-0386), or call ChildHelp U.S.A. at **1-800-4-A-CHILD.** In addition, there are many private groups which offer support services such as the Foster Grandparents program and Parents Unlimited which you might want to investigate. You can find out about state services by looking in the telephone

directory under Social Services, Children and Family Services, or Protective Services.

Chapter IV: What Every Parent Should Know

Your Child's Development

Babies learn about their world primarily through interaction with their caregiver and through play. For babies and the very young child, you don't need to go out and purchase lots of 'educational' toys; there are plenty of things in your house which will make great toys. Brightly colored objects are particularly appealing to babies. As they get older, toddlers like to explore shapes and textures, and especially anything that makes a noise. Give your child an empty, shatter-proof margarine bowl, unbreakable cups and pans from the kitchen cabinet, balls, lids from jars of baby food, brightly colored bangle bracelets, and empty boxes of various shapes and sizes. **BE SURE NOTHING IS SMALL ENOUGH TO FIT IN THE CHILD'S MOUTH AND SUPERVISE THE BABY WHILE HE PLAYS.**

Babies enjoy games like peek-a-boo and being bounced gently. In addition, babies love for you to read to them, and reading to your child promotes a long-term love of reading. It's never too early to begin reading to the baby (start with nursery rhymes). As she gets older, she can follow along by looking at pictures and observing as you point things out in the house that correspond to the pictures in the book (table, cat, bowl). If you have trouble reading, recruit an older child or a neighbor to read to your child. In addition, you can listen to records and tapes together and have your child practice reciting verses of songs and nursery rhymes.

Developmental "Landmarks"—How Is Your Child Doing?

Every child is unique, and there is wide variation among all children concerning their growth and development. Still,

it is useful to have a general idea of how children are expected to grow. If your child is way off the mark in each of these areas, you may want to consult your doctor.

Developmental Landmarks

Month One:	Baby has eye control (may enjoy a mobile hung from crib), babbles.
Month Two:	Baby begins to hold head up.
Month Three:	Baby begins to smile in response to familiar faces, has control of head, begins to use hands (enjoys a game of peek-a-boo).
Months Four and Five:	Baby may be able to roll over and may begin teething. Baby enjoys many more games now.
Month Six:	"Stranger anxiety" may begin to set in. Baby expands repertoire of games, especially games including clapping and use of hands such as patty-cake.
Months Seven and Eight:	Baby can sit still, hand coordination improves.
Month Nine:	Baby is now very active, crawling everywhere! (Watch her: she can get herself into danger incredibly easily at this stage.) Baby can pull herself up and will respond to her own name.
Months Ten and Eleven:	Baby's explorations include putting just about everything that fits into her mouth.
Month Twelve:	Baby can walk somewhat and jabbers all the time (she may know one or two words now such as "momma" or "dada"). At this age, she will enjoy throwing things and having you pick them up (no, she isn't doing this to torment you; she is practicing a new-found skill).

Childhood Disease

There are seven so-called major childhood contagious diseases and your child should be vaccinated against all of them. These include diptheria, pertussis (or whooping cough), tetanus, polio, measles, rubella, and the mumps. An immunization or vaccination will prevent your child from getting one of these potentially deadly diseases. If your child has not had all the necessary immunizations for his or her age, call your doctor or the local health department (check in the Blue Pages of your telephone book under "Health") as soon as possible.

Sickle cell anemia is an inherited blood disease which primarily affects Black individuals. Sickle cell's symptoms may include acute pain, problems with the lungs and serious bacterial infections. The disease may result in organ damage and in some instances, childhood death. An estimated one in 500 Black Americans has the sickle cell disease. Currently, there is no known cure for sickle cell, although treatments have improved, thereby improv-

ing the odds for those with the disease. For information about the disease, write the National Association for Sickle Cell Disease, 4221 Wilshire Boulevard, Suite 360, Los Angeles, CA 90010-3503 or call 1–800–421-8453.

Schedule of Childhood Immunizations

Age	*Diptheria Pertussis Tetanus**	*Polio*	*Measles*	*Rubella*	*Mumps*
2 months	XXX	XXX			
4 months	XXX	XXX			
6 months	XXX	XXX			
15 months**			XXX	XXX	XXX
18 months	XXX	XXX			
4–6 years	XX	XXX			
14–16 years	XX				

* After age five, it is not safe for your child to receive the pertussis immunization, although the diptheria and tetanus vaccines should continue. The diptheria-tetanus vaccine should be received every 10 years after age 16.

** Measles, rubella, and mumps vaccines are available in single-shot form for children 15 months old.

In the last two or three years, a new vaccine has become available for children ages 18 months to two years old. The H.I.B. vaccine (or the Hemophilious Influenza Type B vaccine) is now a mandatory immunization in some states. Check with your pediatrician.

It is helpful to have a rectal thermometer on hand to take your child's temperature if he develops a fever during his first year. (A baby cannot use an ordinary thermometer which is held under the tongue.) If the baby's temperature goes above 101 degrees, you should call the doctor. A doctor should **always** be called when a newborn has a fever.

Childhood Safety and Accident Prevention

Newborns are so fragile and toddlers so curious that it can seem like a full-time job keeping them safe and out of trouble. In fact, accidents are the Number One killer of small children. However, there are a number of steps you can follow to ensure that the fragile infant, and later, the curious toddler, steers clear of accidents in the home.

- Never leave the baby alone where she could fall (i.e., from the changing table, a bed or chair).
- Baby's bed (crib) should have sturdy side bars that will prevent her from rolling out. The slats between each bar should be small enough so the baby's head cannot get caught between them.
- Keep toys and pillows out of the baby's crib while she is unsupervised. Such items could suffocate the infant.
- When bathing the baby, use a small basin or the sink to keep the baby from slipping around too much. Make sure bath water is warm, not hot to the touch (test with the tip of your elbow).
- Never leave the baby unattended in the bath tub; she could slip and drown in a short time, even in very shallow water.
- When the baby is on the floor (crawling, exploring), watch closely to see that she doesn't get into any trouble. When the baby is old enough to sit up by herself in a high chair, keep the high chair nearby so you can watch the baby and talk to her while you're at home.
- Select toys that cannot harm the baby. This means items without plastic pieces that could be pulled or chewed off (such as eyes or buttons), and items that aren't worn such as dolls and stuffed animals. Gen-

erally, toys should be small enough for the baby to hold in her hand, but not fit in her mouth.

- Never hold the baby while you have a cigarette in your mouth; you might burn her. Also, the smoke can damage a baby's tender lungs. Studies have shown that "passive smoking" (i.e., when a non-smoker inhales the smoke from someone else's cigarette) results in lung cancer.
- Keep a list of emergency numbers near the phone (doctor, poison control center).
- Keep a bottle of Syrup of Ipecac on hand in case your child swallows something poisonous. Don't use Ipecac until you have called the Poison Control Center first, because it may make the child sick.

As your baby grows into a toddler, consider the following safeguards:

- Keep electrical appliances unplugged when not in use and tie the cords up out of the reach of small hands. Beware of items (such as an iron sitting on an ironing board) which could be accidently dropped or pulled down on the baby.

- Never leave sharp objects (knives, open cans with jagged edges) around the house, especially at a child's level.
- Cover all electrical outlets that are not being used. You can buy inexpensive covers at the hardware store.
- Purchase door stops to keep kitchen and supply cabinet doors safely closed.
- Keep all poisons tightly covered (buy items with child-proof seals) and out of children's reach. These include soaps and detergents as well as more obvious items such as bug spray and household chemicals.
- Cover hot stove-top burners with kettles or pans (handles turned away from you) until they cool.
- Install gates (not the accordion type) at the top and bottom of stairs so that curious babies cannot take a tumble.
- Keep matches locked up out of children's reach.
- If there are guns in your house, keep them unloaded and locked up out of reach (the key should not be accessible to children).

Chapter V: Conclusion

As you can see, raising a baby is no easy task, but you shouldn't be intimidated by the challenge either. As we have noted repeatedly throughout this text, lots of love and careful attention go a long way toward the healthy development of young children. In short, YOU CAN DO IT!

It is important to remember that babies are fragile creatures, and they must rely on you, their parent, to take care of them until they are old and wise enough to fend for themselves. Short as it is, this manual cannot give you all the information you will need to get through your pregnancy and cope with your baby's first year, but we hope that it has provided you with some useful information. Of course, you and your baby are unique, and your own doctor can give you the best advice about the health care needs of you and your baby.

Chapter VI: Health Care Resources

PUBLIC PROGRAMS FOR LOW-INCOME PARENTS AND FAMILIES

Prenatal Care. As previously noted, prenatal care results in improved maternal and child health, including lower rates of infant mortality and disease during pregnancy, lower incidences of low birth weight, and decreases in prematurity. The two primary public programs offering prenatal care are the *Maternal and Child Health Services Block Grant* and *Medicaid*.

Maternal and Child Health Services Block Grant. States set the eligibility criteria for this service, but mothers and children whose incomes are below the Federal poverty level may not be charged for services. Services may include: prenatal care, well-child clinics, immunizations, vision and hearing screening, dental care and family planning.

Medicaid. Medicaid is a shared Federal-state program which provides health services to certain eligible low-income people. Low-income pregnant women and children are covered under a special options program. Recipients of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) are required to receive Medicaid, as are non-recipients who meet AFDC financial eligibility criteria. If you think you qualify for Medicaid, you may receive immediate prenatal care under a special "presumption of eligibility" while your Medicaid application is being processed, so as to ensure continuous prenatal care. Medicaid covers prenatal, maternity and postpartum services, as well as some Well Baby care. Medicaid results in improved health outcomes for low-income children and families, and

fewer health problems for children receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services (see below). For information, call your Department of Public Health, or talk to your doctor.

Early Periodic Screening, Diagnosis and Treatment Services (EPSDT). Available to Medicaid recipients—provides screening, treatment, education and health management services.

Supplemental Food Program for Women, Infants and Children (WIC). WIC, operated by the U.S. Department of Agriculture's Food and Nutrition Service, provides funds to states to supply nutritious foods to low-income (pregnant, postpartum and nursing) mothers, and children (up to age 5) who have been diagnosed as nutritionally at risk. WIC also offers families education and counseling concerning their nutritional needs. The WIC program has been extremely successful in reducing the rate of infant mortality and the incidence of low birth weight, in producing lower levels of anemia among mothers and improving children's cognitive skills.

Department of Public Health (state, county and local). Offers many health care services such as immunizations, referrals, and Well Baby Clinics.

Childhood Immunizations. Child immunizations are offered free to families meeting certain eligibility criteria. Contact the Department of Public Health.

OTHER PROGRAMS*

Maternal and Child Health:

National Health Information Center (answers questions related to health care): P.O. Box 1133, Washington, D.C. 20013-1133; 1-800-336-4797 or (301) 565-4167.

The National Maternal and Child Health Clearinghouse: 38th and R Streets, N.W., Washington, D.C. 20057; (202) 625-8410.

Visiting Nurse Association: Provides instruction to new parents on caring for babies and young children, regardless of ability to pay. For information, consult your local telephone directory.

Healthy Mothers, Healthy Babies: 409 12th Street, S.W., Room 309, Washington, D.C. 20024-2188; (202) 863-2458.

La Leche League International (breastfeeding support group): P.O. Box 1209, Franklin Park, IL 60131-8209; (312) 455-7730.

To Quit Smoking:

The American Cancer Society (National Headquarters): 1599 Clifton Road, N.E., Atlanta, GA 30329; 1–800-ACS-2345.

The American Heart Association (National Headquarters): 7320 Greenville Ave., Dallas, TX 75231; (214) 373-6300.

The American Lung Association (National Headquarters): 1740 Broadway, New York, NY 10019; (212) 315-8700.

The National Cancer Institute (Toll free number): 1-800-4-CANCER.

For Drug Treatment:

Cocaine HELPLINE: 1-800-COCAINE.

Confidential Cocaine Referral Hotline (operated by the National Institute on Drug Abuse): 1-800-662-HELP.

For Alcohol Dependency:

Alcoholics Anonymous: P.O. Box 459, Grand Central Station, New York, NY 10163; (212) 686-1100.

For Information about AIDS and Communicable Diseases:

Public Health Service's AIDS Hotline (24-hour service, seven days per week; for questions about AIDS, local referrals for testing and counseling, and free materials): Call 1-800-342-AIDS or 1-800-AIDS-TTY (for the hearing impaired) or 1-800-344-7432 (Spanish). Or write to the National AIDS Information Clearinghouse: P.O. Box 6003, Rockville, MD 20850; 1–800–458-5231.

AIDS Hotline (referrals for testing and counseling services): 101 West Read Street, Suite 825, Baltimore, MD 21201; 1–800–638-6252.

National AIDS Network: 2033 M Street, N.W., Suite 800, Washington, D.C. 20036; (202) 293-2437.

* This list was composed in part with assistance from *Help for Children from Infancy to Adulthood: A National Directory of Hotlines, Helplines, Organizations, Agencies and Other Resources,* by Miriam J. Williams Wislon, R.N., (West Virginia: Rocky River Publishers, 1989).

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Publications of the National Black Child Development Institute

NEW!

Child Care Selection Checklist: A Guide for Parents. As the debate rages about what a 'good' early childhood program should look like, Black parents look to NBCDI for guidance in selecting an appropriate program. This practical check-list shares with parents the questions and concerns they should consider before placement to ensure that their child's early childhood program will offer a quality experience. 12 pages. 1988. $3.00 each.

Giving Your Child a Good Start in School. Beginning school is often a time of excitement and anxiety—for both children and parents. This guide walks parents through at-home activities which will prepare their children for school-room experiences. The manual also offers parents guidance on how to select a quality program that will foster their child's growth. 12 pages. 1988. $4.50 each.

Teens, Television and Telephones: A Survival Guide for Parents. All parents tend to worry when their teens become absorbed in watching television and talking on the telephone with friends. This practical guide helps parents understand how to monitor their teens to ensure that these activities, which can promote learning, trust and growth, don't become detrimental. 16 pages. 1988. $4.00 each.

ALSO AVAILABLE:

Safeguards: Guidelines for Establishing Child Development Programs for Four Year Olds in the Public Schools. As public schools become a major provider of child care for four-year-olds, large numbers of Black families will rely on these programs. This highly acclaimed report

offers ten detailed recommendations for parents, administrators, and advocates to ensure that early childhood programs in the public schools create a learning environment for Black children which is safe, developmentally appropriate, and culturally sensitive. 21 pages with bibliography. 1987. $6.00 each.

Child Care in the Public Schools: Incubator for Inequality? The national trend toward placing child care programs in the public schools is of special concern to the Black community because large numbers of Black families are using these programs. This report includes an analysis of the potential impact of this trend on Black children. 28 pages with bibliography. 1986. $7.50 each.

Diversity: An Approach to Child Care Delivery. The child care system in the State of California is an example of how diversity can work to the advantage of children, parents and the provider community. This report, written by Dr. Karen Hill-Scott, provides an overview of the national child care delivery system and explores diversity as it relates to arrangement, type of provider, program and delivery system, and the children who are served. The positive outcomes—and possible problems—of child care conceptualized around the idea of diversity are discussed. 10 pages. 1986. $3.50 each.

Guidelines for Adoption Service to Black Families and Children. Too often, one of the primary barriers to the adoption of Black children is the clash between the prospective adoptive family and the adoption agency. The unfortunate result is that a disproportionate number of Black children languish in foster care. This report provides alternatives to policies and practices which serve to "screen out" Black adoptive families. 19 pages. 1987. $3.75 each.

Beyond the Stereotypes: A Guide To Resources for Black Girls and Young Women. This resource guide details criteria for selecting culturally relevant, nonstereotypical,

and motivational materials for Black girls. Also included are strategies for improving the quality of materials to which Black girls are exposed. Annotated bibliographies of selected books, records and films appropriate for Black girls ages three to seven, eight to eleven, twelve to fifteen and sixteen and older, are provided. Retailers and distributors from which these materials can be purchased or rented are identified. 75 pages. 1986. $8.50 each.

PERIODICALS/OTHER MATERIALS

Special Report: The Status of Black Children. A special report which touches upon the present circumstances of Black children in America. 12 pages. 1989. $3.00 each.

The Black Child Advocate. This quarterly newsletter provides public policy and legislative updates, reports on NBCDI's local service programs for Black children, current issues reports, and more. 8 pages. Quarterly. $12.50 per year.

Child Health Talk. Focusing on health issues facing Black children, this quarterly newsletter provides practical information and guidance for parents. Topics such as nutrition, exercise, childhood stress, health care, dental checkups, behavioral disturbances, and speech and vision problems are discussed. 8 pages. Quarterly. $4.00 per year.

NBCDI Pin. This beautiful black and gold tone pin with NBCDI's logo and acronym and red and green highlights is a personal accessory suitable for all. $5.00 each.

All prices include shipping and handling. Make checks or money orders payable to NBCDI, 1463 Rhode Island Avenue, N.W., Washington, D.C. 20005.

ABOUT NBCDI

Founded in 1970, the National Black Child Development Institute (NBCDI) is a national, nonprofit, charitable organization dedicated to improving the quality of life for Black children and families on the national and local levels. NBCDI primarily focuses on issues and services that fall within four major areas: health, education, child welfare (adoption and foster care) and child care. Toward that end, NBCDI monitors public policy issues affecting Black children and educates the public by publishing periodic reports, parent education manuals, volunteer handbooks and two quarterly newsletters, The Black Child Advocate and Child Health Talk. In addition, NBCDI sponsors an annual conference.

On the local level, NBCDI operates an affiliate network consisting of over 36 affiliate chapters in cities and towns across the country. The NBCDI affiliate network provides direct services to Black children and youth. Services range from a unique tutorial program entitled, "Each One, Reach One," to the placement of homeless children into adoptive homes.

NBCDI is an open-membership organization. For further information, call or write.

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